

## Statement of Deficiencies

### 8819-A,B: Required Staffing

Not Met

#### Findings/Corrections

8819 B. 3. a. The Provider failed to demonstrate that sufficient staff was scheduled and available (working) to meet the 24-hour scheduled and unscheduled needs of the residents.

IN REVIEW OF TIME CARDS FOR THE PAYROLL PERIOD 5/22/05-6/4/05 THE FACILITY FAILED TO DOCUMENT THAT THEY HAD A MINIMUM OF FOUR STAFF ON THE PREMISES FOR THE FOLLOWING SHIFTS:

\*10:00PM-6:00AM -12 DAYS OUT OF THE 14 DAYS FOR THAT TIME PERIOD

\*2:00PM-10:00PM - 1 DAY OUT OF THE 14 DAYS FOR THAT TIME PERIOD

\*6:00AM-2:00PM - 1 DAY OUT OF THE 14 DAYS FOR THAT TIME PERIOD

\*\* THE FACILITY CONSISTS OF 2 FLOORS ON THE ASSISTED LIVING SIDE. THE SPECIAL CARE UNIT (LOCKED UNIT) IS LOCATED ON THE 1ST FLOOR AND ENCOMPASSES 24 EFFICIENCY APARTMENTS. THE SPECIAL CARE UNIT IS FURTHER DIVIDED INTO 2 PARTS - THE "BLUE" UNIT FOR THE HIGHER FUNCTIONING DEMENTIA RESIDENTS AND THE "GREEN" UNIT FOR THE HIGHER NEED DEMENTIA RESIDENTS. EACH UNIT CONSISTS OF 12 APARTMENTS.

### 8827-A: Assessment, Service Coordination and Monitoring

Not Met

#### Findings/Corrections

8827 A. 1. (a.-g.) The Provider failed to conduct an assessment of an admitted resident, to determine the needs and preferences of the resident that included:

- the resident's interests, likes and dislikes;
- review of physical health, psycho-social status, and cognitive status and determination of services necessary to meet those needs;
- a summary of the resident's health needs, if any, including medication, treatment and special diet orders obtained from professionals with responsibility for the resident's physical or emotional health;
- a written description of the activities of daily living and instrumental activities of daily living for which the resident requires assistance, if any, obtained from the resident the resident's physician, family or representative;
- recreational and social activities which are suitable or desirable;
- a plan for handling special emergency evacuations needs, if any; and
- additional information or documents pertinent to the resident's service planning, such as guardianship papers, power of attorney, living wills, do-not-resuscitate orders, or other relevant medical documents.

\* ASSESSMENTS WERE INCOMPLETE. THERE WERE SEVERAL INSTANCES WHERE SPECIFIC NEEDS OF THE RESIDENTS WERE NOT ADDRESSED (IE, PHYSICAL THERAPY, MEDICAL CONDITIONS, ETC). ASSESSMENTS WERE COMPLETED BY STAFF ON THE FIRST DAY THE RESIDENT ENTERED THE FACILITY, NOT AFTER HAVING OBSERVED THE RESIDENT FOR SEVERAL DAYS AFTER HE/SHE WERE ADMITTED INTO THE FACILITY.

8827 A. 3. The service plan failed to be responsive to the resident's needs and preferences.

\* SEVERAL SERVICE PLANS DID NOT ADDRESS THE SPECIFIC NEEDS OF THE RESIDENTS.

8827 A. 4. (a.-c.) The service plan failed to include:

- the resident's needs;
- the scope, frequency, and duration of services and monitoring that will be provided to meet the resident's needs; and
- staff/providers responsible for providing the services inclusive of third-party providers.

\* SERVICE PLANS REVIEWED WERE SOMEWHAT VAGUE ON THE SCOPE OF SERVICES BEING PROVIDED. NONE OF THE PLANS ADDRESSED HOW THE SERVICES WERE GOING TO BE MONITORED. SEVERAL PLANS DID NOT INDICATE WHO WOULD BE PROVIDING THE NEEDED SERVICES. FOR THOSE RESIDENTS WHO HAVE 3RD PARTY PROVIDERS, THE SERVICE PLAN DID NOT REFLECT WHAT SERVICES WERE BEING PROVIDED BY THE 3RD PARTY PROVIDER.

8827 A. 5. The resident's service plan failed to be revised and signed by the resident and the representative, when applicable, and the designated facility staff when a resident's condition or preferences changed.

\* SOME RESIDENTS HAD CHANGES THAT OCCURRED. SOMEONE ADDED STATEMENTS TO THE LAST PAGE OF THE SERVICE PLAN INDICATING THESE CHANGES. THESE STATEMENTS WERE NOT SIGNED AND DATED BY THE APPROPRIATE PEOPLE.

## Statement of Deficiencies

---

### 8831-C: Staffing

Not Met

#### Findings/Corrections

8831 C. 1. The assisted living facility failed to have staff sufficient in number and qualifications on duty at all times to meet the needs of residents.

IN REVIEW OF TIME CARDS FOR THE PAYROLL PERIOD 5/22/05-6/4/05 THE FACILITY FAILED TO HAVE A MINIMUM OF FOUR STAFF ON THE PREMISES FOR THE FOLLOWING SHIFTS:

\*10:00PM-6:00AM -12 DAYS OUT OF THE 14 DAYS FOR THAT TIME PERIOD

\*2:00PM-10:00PM - 1 DAY OUT OF THE 14 DAYS FOR THAT TIME PERIOD

\*6:00AM-2:00PM - 1 DAY OUT OF THE 14 DAYS FOR THAT TIME PERIOD

---

### 8835-C: Staffing

Not Met

#### Findings/Corrections

8835 C. 1. The shelter care facility failed to have staff sufficient in number and qualifications on duty at all times to meet the needs of the residents.

IN REVIEW OF TIME CARDS FOR THE PAYROLL PERIOD 5/22/05-6/4/05 THE FACILITY FAILED TO HAVE A MINIMUM OF FOUR STAFF ON THE PREMISES FOR THE FOLLOWING SHIFTS:

\*10:00PM-6:00AM -12 DAYS OUT OF THE 14 DAYS FOR THAT TIME PERIOD

\*2:00PM-10:00PM - 1 DAY OUT OF THE 14 DAYS FOR THAT TIME PERIOD

\*6:00AM-2:00PM - 1 DAY OUT OF THE 14 DAYS FOR THAT TIME PERIOD